DOCUMENT RESUME

ED 422 092 PS 026 774

AUTHOR	Griffin, Abbey; Fiene, Richard
TITLE	A Systematic Approach to Child Care Regulatory Review, Policy Evaluation and Planning To Promote Health and Safety of Children in Child Care: A Manual for State and Local Child Care and Maternal and Child Health Agency Staff.
INSTITUTION	Zero to Three/National Center for Clinical Infant Programs, Arlington, VA.
SPONS AGENCY	Health Resources and Services Administration (DHHS/PHS), Washington, DC. Maternal and Child Health Bureau.
PUB DATE	1995-07-00
NOTE	58p.
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Child Health; Compliance (Legal); Data Collection; *Day Care; Early Childhood Education; Evaluation Criteria; *Evaluation Methods; Program Evaluation; Program Improvement; Safety; *Self Evaluation (Groups); State Agencies; State Programs; *State Regulation; State Standards; *Systems Development
IDENTIFIERS	Child Safety; Day Care Quality; *Day Care Regulations

ABSTRACT

This manual is written for state and local administrators and statewide child care and child health organizations looking for ways to improve the efficiency and effectiveness of their child care regulatory review, rule-making process, and enforcement system. Data collection procedures and a review team process, state administrators can identify weaknesses in their child care quality assurance system which could, if unaddressed, put children at risk. The manual is designed to present a comprehensive process while making it easy to pull out individual elements. Each section is written as an independent unit with three parts: (1) an overview of the purpose, function, and outcomes of that step; (2) a sample of forms, research instruments, and reporting formats (with data); and (3) a technical description of design and statistical procedures with examples of state data presentations. The manual's sections are: (1) "Introduction," discussing the need for a systematic approach to child care policy evaluation, planning, and quality improvement; (2) "Regulatory Analysis," describing ways state administrators can use the national health and safety guidelines, and outlining strategies for comparing the state's child care regulations to the national guidelines; (3) "State Regulatory Compliance Study," presenting an approach to data collection to assess compliance, identify systemic problems and specific program or geographic areas in need of assistance, and make recommendations for allocating limited resources; (4) "Field-Tested Weighted Indicator Monitoring Tool," presenting the steps required to develop a statistically reliable weighted indicator checklist for monitoring compliance; and (5) "The Data Display Chart and The Recommended Action Planning Chart," presenting two chart formats that record all collected data, decisions made during the review process, and final recommendations. An appendix contains a resource directory of helpful contacts. (EV)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 422 092

A Systematic Approach to Child Care Regulatory Review, Policy Evaluation and Planning to Promote Health and Safety of Children in Child Care

A Manual for State and Local Child Care and Maternal and Child Health Agency Staff

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
Richard Fiene
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Abbey Griffin, Ph.D.

Richard Fiene, Ph.D.

PS 026774

PROJECT HISTORY

ZERO TO THREE\National Center for Clinical Infant programs completed a three-year child care quality improvement project in 1994. The United States Maternal and Child Health Bureau (MCHB) offered four grants to organizations proposing different ways to use the national guidelines published by the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP), *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (APHA/AAP, 1992, funded by MCHB).

The APHA/AAP child care guidelines represent a major national effort to offer states a complete reference to current knowledge in the field of health, safety, and the policy and programmatic issues that assure protection for all children in the regulated child care system.*,**

Staff and expert consultants (see Attachment A for list and contact information) in consultation with state child care and maternal and child health administrators designed a state-level comprehensive regulatory review and planning process. The project addressed four components of a state's child care quality assurance (or consumer protection) system: (a) child care regulations; (b) child care monitoring system; (c) child care training and public education; and (d) data collection and analysis for policy planning.

In 1991, ZERO TO THREE's staff began working intensively with two states, Florida and Utah. Florida and Utah were similar in having a child care resource and referral system that collected data and, in addition, had substantial responsibilities for child care training and public information. They differed, however, in demographics, in the length and depth of state regulations, and in the balance of state versus county, or district, control of monitoring, training, and public education. Both states were preparing for a major regulatory review as required under the Child Care and Development Block Grant.

Each state's first objective was to use the national guidelines to assess the adequacy of existing state child care regulations and refer state planners to the most current knowledge in the areas of health and safety. Second was to study the efficiency and effectiveness of the state's child care monitoring systems. Developing monitoring tools to improve monitoring was the third objective. Fourth, the project invited state administrators

---

* *Caring for Our Children* was updated in 1994 and is now available from the National Center for Education in Maternal and Child Health (see Appendix A for address and technical assistance resources of the center).

** In this manual, we will refer to the APHA/AAP document as "the national standards."

to examine a number of options for improving quality in child care, including guidelines and training for child care monitoring staff, training for caregivers, and public awareness.

Experiences in Florida and Utah have offered rich insights into the benefits of the full model and its potential for informing the policy planning process. As with any pilot, the pitfalls and barriers are also found. For example, it takes time to initiate, complete, and then institutionalize a new set of procedures. It requires a shared commitment on the part of all the key players, communication of the purpose and rewards to those in the field who will participate, and negotiating agreements that will increase the efficiency of the process and the usefulness of its results.

Recognizing that institutionalizing a new process requires time, we developed this manual. This manual summarizes the goals, rationale, and procedures for each step of the process. Reflecting our experience in Florida and Utah, it is intended to offer guidance to those states in continuing the process as well as other states that want to develop a similar process.

ACKNOWLEDGMENTS

The Maternal and Child Health Bureau (MCHB) promoted pilot projects to demonstrate different ways that the national guidelines could be used effectively by states. The continuing work of the National Center for Education in Maternal and Child Health to build a national child care regulation data base, offer on-line technical assistance and reference searches, update and reprint the national guidelines, and conduct comparisons between a state's regulations and the national guidelines demonstrates MCHB's determination to make a difference for children and child care through these guidelines.

ZERO TO THREE is grateful to MCHB, and in particular Dr. David Heppel, Dr. Phyllis Stubbs and Denise Sofka, who realized the need and the timeliness of creating national consensus on guidelines to promote the health, safety and development of children enrolled in child care. It was an MCHB grant that supported the APHA's and AAP's three year effort to develop the national guidelines.

This manual is dedicated to those Florida and Utah state administrators who coordinated the work, and to those local administrators and child care resource and referral agency staff, program administrators, parents and others who helped complete the various phases of the project. It is our hope that the manual will help them institutionalize and improve the model in the years to come.

The project was guided by national leaders in the fields of early care and education and health, Dr. Susan Aronson, Dr. Richard Fiene, Gwen Morgan and Pauline Koch. Their wisdom and deep commitment to early care and education were invaluable. Finally, ZERO TO THREE staff members Helen Keith and Monique Amos were vital to the success of the

project. Helen Keith was Co-Director of the project and, as a former state administrator in Vermont, provided insights into state systems and an empathy for the complexities of state administration that kept both the state and national teams going through the more difficult stages of the process. Monique Amos contributed research, organization, planning, coordination, and magic on the computer.

A SYSTEMATIC APPROACH TO CHILD CARE REGULATORY REVIEW, POLICY EVALUATION AND PLANNING TO PROMOTE HEALTH AND SAFETY OF CHILDREN IN CHILD CARE: A MANUAL FOR STATE AND LOCAL CHILD CARE AND MATERNAL AND CHILD HEALTH AGENCY STAFF

TABLE OF CONTENTS

Section I **Introduction** 1

To present the need for a systematic approach to child care policy evaluation, planning and quality improvement; and describe the purpose and content of the manual.

Section II **Regulatory Analysis** 8

To describe ways state administrators can use the national health and safety guidelines; and outline strategies for comparing the state's child care regulations to the national guidelines.

Section III **State Regulatory Compliance Study** 18

To present an approach to data collection by state administrators to assess child care program compliance with state regulations, identify systemic problems and specific program or geographic areas in need of assistance, and make recommendations for allocating limited resources.

Section IV **Field-Tested Weighted Indicator Monitoring Tool** 31

To describe and present the steps required to develop a statistically reliable weighted indicator checklist for monitoring compliance in child care facilities that will improve the efficiency and effectiveness of the state's child care monitoring and data collection procedures.

Section V **The Data Display Chart and The Recommended Action Planning Chart** 39

To present two chart formats that will assist state administrators by recording all collected data, decisions made over the course of the review process and final recommendations.

Endnotes

References

Appendix A **Resource List**

SECTION I

Introduction to the Manual

SECTION I

INTRODUCTION TO THE MANUAL

THE NEED FOR A SYSTEMATIC APPROACH TO STATE CHILD CARE REGULATION, MONITORING, DATA COLLECTION

State child care regulations represent a consensus among citizens and their state and local government representatives about what is to be considered essential to protecting the health, safety and well-being of children in regulated child care settings. The criterion for promulgating regulations, codes and special requirements is most often "protection of children from harm." Thus, state and local governments have an obligation to the public to assure child care program compliance with legal requirements to protect children from harm. States need data from their monitoring system to insure that their obligations to families are met.

Scant data are available to demonstrate either the adequacy of state and local child care rules or compliance with those rules across a state. What exists highlights the following weaknesses:

- Changes in child care regulations are too often the result of crises or pressure from some segment of the population rather than a systematic process that includes an assessment of program compliance data or a review of expert knowledge.[1]

- Child care regulations are written and formatted to meet administrative and legislative specifications. They tend to be difficult to read and understand, a circumstance which leads to misinterpretation and inconsistent application by both monitors and child care providers.[2]

- Child care licensing staff cannot adequately monitor programs for compliance for a combination of reasons: (a) large caseloads; (b) lack of training and guidance materials; and (c) lengthy review procedures.[3]

- Child care rule making, enforcement and data collection processes are complicated by the number of state and local agencies that may have authority to promulgate rules and, in some cases, monitor for compliance, as well as by inconsistent interpretation of regulations.[4]

Changes in child care regulations are too often the result of pressure on state or local legislators, media attention to a dramatic event in a regulated child care setting, fiscal crises, or changes in Executive Branch priorities. In one state, proposals by child care professional and advocacy organizations as well as state and local administrators to extend basic health and safety regulations, and building and fire codes to all forms of child care had languished for years, but when a two-year-old drowned at a license-exempt drop-in child care center at a shopping mall, the issue of unregulated or "exempt" categories of child care was quickly moved onto the legislative agenda.

There are many reasons why such issues are not fully debated until there is a crisis. Among them is the absence of systematic efforts to collect expert knowledge and state data to build a convincing case for extending a basic floor of protection to all children in group child care settings.* While the model presented in this manual is limited to the regulated system, it does set in place the kind of review process and data collection process states need in order to expand data collection to exempt and unlicensed/or unmonitored child care settings.

Research on child care has been consistent, to a degree rarely found across both large and small sample studies, in identifying child care quality indicators that promote healthy, safe environments for children. These indicators include: small group size, high staff-to-child ratios, staff education and specialized training, family involvement, health promotion for staff and children, safe physical environments both inside and outside, and continuity of caregiving, where relationships can develop over time among staff, family members and children.

There has not been, to date, a systematic process for reviewing and revising state child care regulations and requirements. Furthermore, as the Inspector General's Report (Kusserow, 1990) stated, no national studies have examined state regulatory enforcement.[5] The Inspector General's Report outlines the following findings:

- States do not regulate child care in all types of settings.
- Patterns of state regulation are constantly changing.
- Frequent visits are the best way to ensure compliance. However, only a portion of facilities are monitored regularly.
- Legal sanctions are time-consuming and difficult to enforce, even in cases where children are at risk.
- Parental involvement is considered the first line of defense but may be the weakest link in the chain. (Kusserow, 1990 Part 1, p.ii)

The Inspector General's Report cites several innovative approaches developed in Delaware, Minnesota, Pennsylvania, Washington and Wisconsin. They include the use of:

- new monitoring techniques (indicator checklists, interviews, field surveys and focus groups, inspector training and guidance materials);
- monetary incentives and penalties (financial incentives and fines);

---

* Group child care is defined here as more than four children care facility by someone other than the parents or relatives of the children.

- parent involvement (rules regarding parental involvement, consumer education materials, inclusion of parents and providers in regulatory review and enforcement policy decisions);

- training and technical assistance to child care monitors and practitioners (increasing the availability, accessibility and affordability of child care training, identifying needs and targeting training resources); and,

- regulatory guidance materials, consumer and public education (maximizing the use of state and local agency resources to provide health, safety and child development information, and materials to explain child care rules and provide examples of compliance).

This manual addresses three of the approaches. While legal sanctions and procedures are not covered, the planning process targets both regulatory (i.e., regulation and enforcement) and non-regulatory (i.e., training, technical assistance, and public education) approaches.

BENEFITS OF A SYSTEMATIC REVIEW AND PLANNING PROCESS

A routine and well-informed review of child care regulations, program compliance, and monitoring effectiveness offers important benefits to the state. States have limited funds to meet concurrent demands for increasing the supply of child care services, expanding the number of child care sites that can enroll children with disabilities, and improving the quality of child care available within their boundaries.

The approach presented in this manual offers state administrators the following benefits:

1. Bringing together state agencies that promulgate child care rules:

   - reduces duplication of effort;
   - increases clarity of child care rules;
   - simplifies the licensing process for child care providers;
   - encourages the sharing of informational, training and technical assistance resources among state agencies.

2. Comparing state and local child care requirements to a national set of child care guidelines developed by the American Public health Association and American Academy of Pediatrics (APHA/AAP, 1992; National Center for Education in Maternal and Child Health, 1994):

   - informs child care policy planning with current knowledge on health and safety in child care;

- highlights areas in which child care regulations fail to protect young children or promote their health, safety and development.

3. Completing a compliance study for all regulated child care at regular intervals (e.g., every three years):

   - allows state child care administrators to strategically allocate limited human and financial resources to areas of the state and/or types of child care settings where compliance is low and/or resources for improving quality are weak;

   - guides decision-making and long range planning by measuring the effects of both regulatory and non-regulatory quality improvement strategies (e.g., new rules, more frequent monitoring, training, technical assistance, public education).

4. Developing a statistically reliable short form for monitoring (i.e., a weighted-indicator checklist):

   - decreases the amount of time monitors spend reviewing child care programs with a history of compliance;

   - allows monitors to focus their efforts on child care programs that need technical assistance or corrective action.

5. Providing reliable data to state and local policy planners, legislators, and others increases efficiency in completing state and federal reports and program plans.

All states have a variety of settings that offer child care, including care by a relative or neighbor, care in small groups in a family child care home or in larger groups in group family child care homes, part-day programs, and child care centers. While all states address child care centers in their state regulations, some states exempt certain types of centers -- for example, those located in schools, on military bases, or in churches.

In this manual, we discuss a *regulatory analysis model*, which collects and analyzes data on only the children served in regulated, certified or registered, and monitored settings. However, it is hoped that once state and local agencies have institutionalized this model, data can be collected on license-exempt child care programs as well. The challenge of reaching those family child care programs and less formal group care settings that are not licensed or registered is more difficult to meet. Some states are already using census data and parent surveys as well as tracking parent payments using state child care vouchers to estimate the number of unregulated child care facilities and the ages of children served by them.

USING THE MANUAL

This manual describes the key elements and implementation of a systematic regulatory analysis, policy evaluation, and planning process to improve the content, efficiency, and effectiveness of state child care administration. Through several relatively easy data collection procedures and a review team process, state administrators can identify weaknesses in their child care quality assurance system which could, if unaddressed, put children at risk.

The purpose of the process is formative -- to strengthen and guide state and local child care policy decisions. The goal is to collect information needed for problem-identification and problem-solving that will lead to a more efficient, effective and cost-effective state quality assurance system.

The review process brings together administrators with authority to promulgate rules and administer the child care regulatory and monitoring and subsidy systems and other programs that have the resources and expertise to improve the health, safety and development of children in child care. The decision-making process considers the data, researches the cause/s of weaknesses seen in the data, as well as examining the existing and potential resources of the agencies involved in order to recommend the most effective and cost-efficient actions to take, including: rule changes, guidance materials that clarify the rules, training, and/or consumer education.

If the proposed regulatory review and policy evaluation and planning process is completed at regular intervals, state administrators can measure whether existing policies and administrative initiatives have been effective in improving child care program compliance. State and/or local administrators can also test the relationships between specific policies (e.g., training) and improved compliance. The data can greatly facilitate the preparation of Federal and state reports and be used to inform both the legislature and the public.

Section headings represent the major components of the process:

1. **Crosswalk/Comparison,** between state regulations and the national guidelines, used to identify gaps and weakness in the state's existing child care regulations and provide a reference to expert knowledge and model language and policies.

2. **State Compliance Profile,** based on a random, demographically representative sample of recent local monitoring reports. Consists of both aggregate and specific analyses of compliance in regulated child care across the state and demonstrates relationships between variables of interest to the state (e.g., training) and compliance.

3. **Field-tested weighted indicator checklist,** based on both compliance data and a survey of representatives of the child care field and families using child care. Provides data needed to derive a statistically reliable weighted indicator checklist monitoring tool.

Weighted Indicator Checklist, a short monitoring instrument that is statistically reliable in predicting compliance and used to streamline the monitoring process.

4. **Data/Action Planning Chart** documents, data collected, team planning and decision-making at each review team meeting and facilitates the review and evaluation of the regulatory system as well as other state investments in the child care system (e.g., training, guidance materials, consumer education materials).

5. **Recommendations Planning Chart**, a tool for decision making with columns: (1) issue; (2) recommendations ("best fit" national guideline typed); (3) code for the national guideline; and, (4) action-to-be-taken columns.

The manual is designed to present a comprehensive process while making it easy to pull out individual elements. Each section is written as an independent unit having three parts:

1. **An overview of the purpose, function and outcomes of that step;**

2. **A sample of forms, research instruments and reporting formats (with data); and**

3. **A technical description of design and statistical procedures with examples of state data presentations.**

There are currently a number of resources available to assist state administrators in accomplishing the tasks outlined. A resource list is provided at the end of the manual (Appendix A).

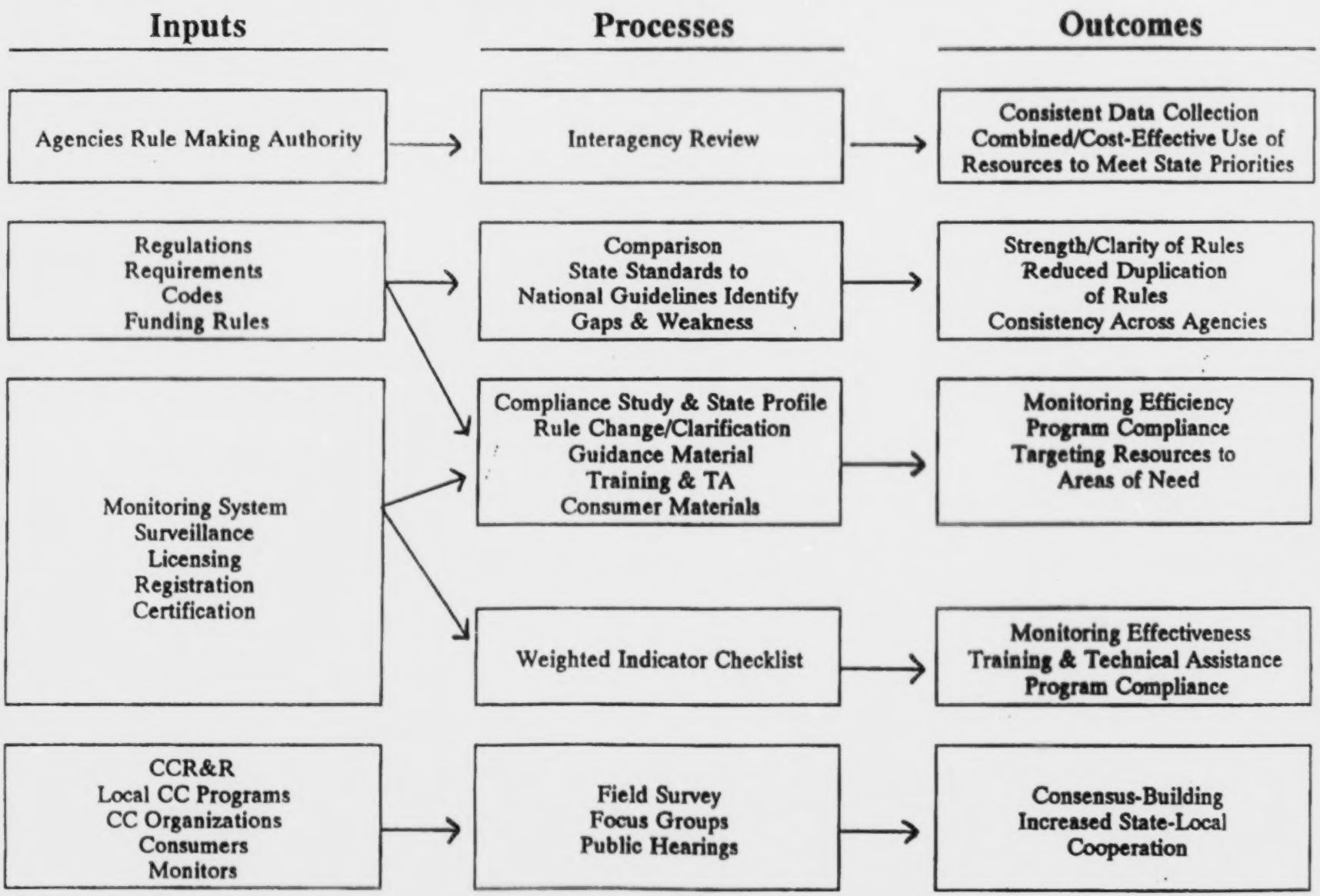
THE AUDIENCE

The manual is written for state and local administrators and statewide child care and child health organizations who are looking for ways to improve the efficiency and effectiveness of their child care regulatory review, rule-making process and enforcement system.

The author strongly recommends that administrators of child care and maternal and child health policy divisions be included in the review process and long-term planning, which should consider training, guidance materials and consumer education as approaches to quality improvement.

The chart on the next page provides an overview of the process. The "inputs" include the people, information, systems and organizations that are involved in each component of the process. "Processes" identify each component and major contribution to the process. The last column, "Outcomes," identifies the benefits to the state of including each component.

ZERO TO THREE'S Better Care for the Babies Project:
A System's Approach to State Child Care planning



SECTION II

Regulatory Analysis

SECTION II

REGULATORY ANALYSIS

PART 1: HOW DOES YOUR STATE MEASURE UP IN PROTECTING YOUNG CHILDREN IN CHILD CARE SETTINGS?

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-Of-Home Child Care (the national standards) identifies over 980 "regulatable" indicators of health, safety, and promotion of healthy child development in child care settings, specifically child care centers, family child care homes, and group family child care homes.

State child care regulations are often weak, unclear or absent in the following areas:

- Group size
- Adult-to-child ratios
- Acoustics
- Playground safety
- Parent access at any time of the day and parent involvement
- Complete and up-to-date child health and immunization records
- Complete and up-to-date caregiver health and immunization records
- Explicit reporting requirements for infectious disease and injuries requiring medical attention
- Provision and documentation of caregiver orientation and in-service training
- Explicit requirements for sanitary procedures, particularly when children are in diapers or learning to use the toilet but lack full bowel control
- Explicit requirements for the storage of toxic materials.

The North Carolina Department of Health conducted an audit of health and safety standards in 27 child care centers. In four centers, with a capacity of 58 children, there were no violations; but in 23, with a capacity of 1,119 children, 214 violations were found. Among the violations were playground and indoor area hazards, toxic chemicals accessible to children, unsanitary conditions, and incomplete child and staff records.[6]

Most injuries in child care are due to inadequate adult supervision, which is directly related to both staff-child ratios and group sizes. Toddlers have the highest incidence of injuries; yet in 45 out of 50 states, group size and staff-child ratios for this group (children 12 to 36 months of age) are the most out of congruence with national standards (i.e., APHA\AAP national health and safety guidelines and the accreditation standards set by the National Association for the Education of Young Children).

Over half of all injuries requiring medical attention occur in outdoor play areas. The most frequent and severe injuries are associated with falls to hard surfaces, with entrapment being the second most frequent cause. These risks can be prevented by assuring that all

child care facilities use adequate shock-absorbent materials under climbing equipment, sufficient in diameter to cover the fall zone, and understand what size equipment can safely be used by children at different ages and that close supervision is critical. Yet little guidance is given to families and child care providers about playground safety. In the majority of states, child care regulations specify only that outdoor equipment be "free of hazards."

PART 2: COMPARISONS BETWEEN YOUR STATE'S CHILD CARE REGULATIONS AND THE NATIONAL GUIDELINES

GOAL: TO ASSESS THE ADEQUACY OF STATE CHILD CARE REGULATIONS IN MEETING NATIONAL CHILD CARE HEALTH AND SAFETY GUIDELINES

NATIONAL GUIDELINES: (*NATIONAL HEALTH AND SAFETY PERFORMANCE STANDARDS: GUIDELINES FOR OUT-OF-HOME CHILD CARE PROGRAMS*) (APHA/AAP, 1992, updated and available through National Center for Education in Maternal and Child Health, Arlington, VA under this title)

These 980-plus model standards represent the consensus of a multi-disciplinary panel of experts on what is needed to assure the safety, health, mental health and development of young children enrolled in child care centers and family child care homes. The national guidelines are formatted in 3 columns: guideline, rationale, and comment. The appendices offer model policies and descriptive materials.

Two Ways To Format The Comparisons Between Your State Child Care Regulations And The National Standards:

1. **Comparison #1: State rules vs. national guidelines**

   What to do:
   List all state regulations on the left and in a facing column list all individual national guidelines dealing with the same topic. Pick the key word/s to represent your state rule.

   How to use:
   This comparison clusters all national guidelines that are most closely related to the content and purpose of the state regulation. The format makes it easy to reference expert knowledge and language for creating new rules, updating, clarifying and/or strengthening existing rules.

2. **Comparison #2: National guidelines vs. state rules**

   What to do:
   List all national guidelines on the right and, in the facing column, indicate whether the state covers the topic.

   How to use:
   This format highlights topics that are covered, covered poorly or not covered in your state child care regulations. Using the citations to the national guidelines,

administrators can review topics that are poorly or not covered that they may want to consider for future rule-making. The topics and specific citations to the national guidelines can also be used to assess the content of available training or be a resource in the development of regulatory guidance or consumer education materials.

PART 3: TECHNICAL GUIDE FOR CONDUCTING COMPARISONS

The National Resource Center for Child Care Health and Safety can do the comparison for you if they have your most current child care regulations, rules, and codes entered in their computer database. If not, they can run a search. Call 703-524-7802. For more information about the National Resource Center or for referral information to Dr. Richard Fiene (see Appendix A)

PREPARING AND PRESENTING COMPARISON BETWEEN STATE CHILD CARE REGULATIONS AND THE NATIONAL GUIDELINES

1. List each of your state child care regulations (& codes or rules) in a column on the left. Identify each by reference code number, by section heading and by topic, leaving plenty of blank space between each.

2. Pick key words for the issue/s covered by each state regulation and use to search the Index of the national guidelines for all citations. Cluster the national guideline code letters and numbers by section in the right column.

3. The format used on the Sample Comparison #1 on the next page makes all national guidelines that relate to the topic addressed in the state child care rules easy to identify at a glance.

SAMPLE COMPARISON #1
CHILD CARE STANDARDS

SAMPLE STATE	APHA/AAP
I. Definition:	
I	----
II. Program Administration:	
A. Policy and Procedure	
II, A, 1, a-f	AD 1 and AD 5
II, A, 2.	AD 1 and AD 7
II, A, 3.	AD 1
II, A, 4.	----
B. Management	
II, B, 1.	AD 3
II, B, 2.	APP 33
II, B, 3.	AD 4 and APP 33
II, B, 4.	APP 6 and C-2
II, B, 5.	APP 6 and C-3-h
II, B, 6.	AD 34
II, B, 7.	AD 39
C. Communication	
II, C, 1.	AD70
II, C, 2.	----
II, C, 3.	FA109
II, C, 4.	----
II, C, 5.	HP 94
II, C, 5, a&b	----
II, C, 6.	HP101
III. Emergency Plans:	
III, A.	FA 116, (Says 2 kits)
III, B.	AD 34
III, C.	APP 28
III, C, 1.	APP28E
III, C, 2.	----
III, C, 3.	AD 31
III, C, 4.	----
III, C, 5.	AD 33

PREPARING AND PRESENTING COMPARISON BETWEEN THE NATIONAL GUIDELINES AND STATE CHILD CARE REGULATIONS

1. List each national guideline by section heading, reference code and topic in the left hand column.

2. Since states have a much smaller set of regulations to match, order your regulations into section headings comparable to those used by the national guidelines. Search your state child care regulations, identifying those that reflect the purpose and content of the national guideline. If such a rule is not present, indicate its absence in the right-hand column; if present, cite the state rule.

3. The purpose of this comparison is to identify gaps and major areas of regulatory concern that are poorly addressed in your state regulations. It is important to be circumspect when judging the congruence between your state regulation and the national guideline.

4. The format in the Sample Comparison #2 on the next page makes it easy not only to see where gaps in state regulations exist but also to identify those national guidelines the state team may want to consider.

SAMPLE COMPARISON #2
APHA/AAP NATIONAL HEALTH & SAFETY PERFORMANCE STANDARDS: GUIDELINES FOR OUT-OF-HOME CHILD CARE PROGRAMS

APHA/AAP	SAMPLE STATE
Staffing	
1.1 Child: Staff Ratio and Group Size	
ST1	----
ST2	VI,A,3
ST3	VI,I,1,d/VI,J,5 & 6
ST4	----
1.2 Licensure/Certification of Qualified Individuals	
ST5	----
1.3 Qualifications	
ST6	V,B,1
ST7	----
ST8	----
ST9	----
ST10	----
ST11	----
ST12	----
ST13	----
ST14	----
ST15	----
ST16	----
ST17	----
ST18	----
ST19	----
ST20	----
ST21	----
ST22	----
ST23	----
ST24	V,A,3
ST25	V,A,3
ST26	----
ST27	----
ST28	----

A SAMPLE WORKBOOK DISPLAY FORMAT

The following is a format for presenting state regulations or topics not covered in the regulations that the review team has decided (from the comparisons to the national standards) should be discussed. Preparing the workbook takes time but can be easily handled by clerical staff since all the relevant citations to both state rules and national guidelines are in the comparison studies. The workbook format does increase the efficiency of the review team since all relevant information is provided and the outline provides a clear process for discussion and decision-making.

SAMPLE WORKBOOK

State Regulation:

I. Program Requirements:

C. Communication

1. Incidents, such as injuries and medical conditions that occur while a child is in care, are reported to the parents on the same day they occur.

Related National Guidelines:

AD70: When an injury occurs in the facility that requires first aid or medical attention for a child or adult, the facility shall complete a report form that provides the following information:

a) Name, sex, and age of the injured.
b) Date and time of injury.
c) Location where injury took place.
d) A description of how the injury occurred.
e) Part of the body involved.
f) Description of any consumer product involved.
g) Name of staff member responsible for the care of the injured person at the time of the injury.
h) Actions taken on behalf of the injured following the injury.
i) Name of person who completed the report.
j) Name and address of the facility.

The injury report form shall be completed in triplicate. One copy shall be given to the child's parent or legal guardian (or to the injured adult). The second copy shall be kept in the child's (or adult's) folder at the facility, and the third copy shall be kept in a chronologically filed injury log. This last copy shall be kept in the facility for the period required by the state's statute of limitations.

AD69: For illness with onset while a child is attending (or a staff member is working in) a facility that potentially require exclusion (see Inclusion/Exclusion/Dismissal, on p. 80), the facility shall record the date and time of the illness, the person affected, a description of the symptoms, the response of the staff to these symptoms, who was notified (e.g., parent, legal guardian, nurse, physician), and their response.

AD72: The facility shall document that a child's parent or legal guardian was notified immediately of an injury or illness that required professional medical attention.

AD74: The required form shall be sent to the licensing agency or health department within 5 working days in the event of the death of a child, hospitalization of a child for an injury that occurred in child care, or hospitalization for a reportable communicable disease.

Gaps?

Recommended action/s (rule change, guidance materials, training, consumer education):

SECTION III

State Regulatory Compliance Study

SECTION III

THE REGULATORY COMPLIANCE STUDY

PART 1: CAN YOUR STATE COLLECT DATA THROUGH ITS MONITORING SYSTEM TO ASSESS COMPLIANCE IN CHILD CARE ACROSS THE STATE AND EXAMINE SPECIFIC POLICIES?

Many states do set standards above the floor of "harm to the child," using one or more of the following approaches. States can allocate resources to improve quality through training. They can provide technical assistance and disseminate information to families and child care providers through child care information and referral agencies or other community organizations. Many states pay higher child care rates to programs that meet standards of best practice set by the early care and education field (e.g., Criteria for Accreditation by the National Academy of Early Childhood Programs[7]). These states need data to support these investments in better quality child care.

The regulatory compliance study estimates the degree to which child care programs meet state regulations. It provides state policymakers a profile of child care within the state's boundaries. It targets geographic and demographic differences, identifies specific rules with low compliance, and can alert policymakers to problems in specific types of child care settings. A specific policy -- for example, increasing training of child care staff - can be analyzed in order to verify whether that policy has, in fact, improved overall program compliance.

When the regulatory compliance study is done at regular intervals (e.g., every three years), policymakers can measure progress over time. This offers policymakers a clear history of what works, and what is still a problem.

PART 2: THE REGULATORY COMPLIANCE STUDY AND STATE COMPLIANCE PROFILE

GOAL: TO COLLECT, ASSESS, AND INCREASE THE EFFECTIVENESS OF STATE CHILD CARE REGULATIONS AND POLICIES BASED ON COMPLIANCE DATA COLLECTED THROUGH THE STATE/LOCAL CHILD CARE MONITORING SYSTEM

METHODOLOGY FOR COLLECTING DATA AND ASSESSING COMPLIANCE

1. Selecting a Sample of Recent Monitoring Records

The state licensing office collects a random sample of comprehensive monitoring records (i.e., not short forms, if used in the state for interim monitoring visits) from all licensing districts/regional offices, representing the full distribution of child care facilities across the state. A 10% randomly selected sample from each office is usually sufficient to represent the state.

A few questions to ask in planning data collection:

1) If policymakers have reason to believe that this sampling process will not achieve an accurate demographic picture of the state, specific instructions need to be given to the local monitoring staff. For example, if low-income children in urban areas are more likely to be in large child care centers, while in rural areas they are in small centers, then a larger sample from those urban districts can be collected.

2) If there is more than one local agency that monitors child care programs (e.g., child care monitors and public health nurses or environmental health inspectors), it is optimal to collaborate with these agencies at both state and local levels to collect a random sample of records from each. The extra effort required has several benefits:

- identifying duplication of rules simplifies the process, making monitoring and data analysis more effective;
- creating consistency in rule definitions, language used, and monitoring procedures makes it easier for child care providers to understand and comply with rules; and
- reducing duplication and increasing consistency is more cost-effective, making better use of each agency's expertise and resources.

3) Finally, if monitoring records include anecdotal records and observations, a comprehensive checklist with all state regulations included will be needed. More reliable data will be collected if the study time line is extended to allow district or regional offices time to adapt to and complete a full monitoring cycle.

2. Coding Records

Develop a standard coding scheme to categorize records for variables needed to capture an accurate picture of the child care system in the state. For example, the state would ask licensing offices to code on each record variables the review team will want to analyze.

A sample list of variables to code:

1) district/or region
2) characteristics of the geographic area (e.g., rural/urban)
3) characteristics of the population served (e.g., family income, racial or ethnic make-up)
4) characteristics of the child care program (e.g., not-for-profit/for profit; size of the program; percentage of subsidized children served)

Coding specific variables of interest related to state policy decisions:

1) level of training attained by the child care program administrator
2) staff compliance with training requirements (even if not in statute, licensing offices can get the information from child care programs and, increasingly, child care information and referral programs collect training data).

3. Review Process -- The Review Team

(Statistical procedures and sample data display formats are covered in Part 3 of this section: Technical Guide for Analyzing Compliance Data)

The review team should include representatives from all child care agencies (policy, licensing, and subsidy management) and other agencies that promulgate rules for child care. In order to avoid conflict, it is important that all participants agree that the data is for internal review, problem identification, policy evaluation and planning. Data from the compliance study should only be released when its accuracy has been established and all participants agree to its use.

Thoughts on selecting a review team:

1) Participants bring to the review process current knowledge from their field as well as data collected through their agencies.
2) Their different perspectives add insight into why compliance might be low on specific regulations.
3) Differences in regulatory language or monitoring procedures can be negotiated, increasing the effectiveness of the regulatory system.
4) Sharing resources to solve problems and increase child care compliance can be achieved by using or adapting existing educational and consumer education

materials, expanding dissemination capacities, and expanding the use of training materials and facilities.

4. The Review Process -- Phase One

The first phase of the review process examines the percentage of non-compliance on each regulation. The data are analyzed to highlight non-compliance in order to make it easy to identify problems.

The state review team must agree on a percentage of non-compliance above which action must be taken to improve compliance. For example, in one state with a small set of state regulations (165) any rule with a 10% rate of non-compliance was considered an issue; while in a second state, with 280 individual rules, 15% was considered too high.

Questions to answer regarding unacceptably low compliance scores on specific regulations:

1) Is the regulation unclear?
2) Are there differences in the way rules are interpreted or in monitoring procedures?
3) Can the problem be the result of a lack of state, local or program resources?
4) Is the problem greater in specific districts, in specific types of programs, in specific geographic or demographic areas?

In some instances, data from other sources may contradict study findings. For example, study data on child immunization rates might differ from public health immunization statistics. In that case, the problem might be one of child care program record-keeping, health department sampling, or improper monitoring.

5. The Review Process -- Phase Two

The second phase involves the analysis of specific comparisons to assess state policies.

Sample variables and questions to be asked are:

1) Do programs that meet all staff training requirements have a higher rate of compliance?
   (Note: comparisons are constructed to measure compliance on a specific rule, or set of related rules, against compliance on all regulations)
2) When the child care administrator has more education, is program compliance higher?
3) Are small, medium or large programs more likely to have a higher rate of compliance?

6. The Review Process -- Final Phase

The final phase requires discussion, problem-solving and planning. Both regulatory and nonregulatory strategies should be considered.

Strategies to address identified problems fall into four categories:

1) rule change/new rule
2) guidance material to clarify rule
3) training of child care and/or monitoring staff
4) consumer and public education material

PART 3: TECHNICAL GUIDE TO DATA COLLECTION AND STATISTICAL ANALYSIS

DATA COLLECTION PROCEDURES

1. Sample Selection:

a) 10% random sample of comprehensive child care licensing reviews from each licensing district, city or county.

b) Letter with instructions is sent to district licensing/monitoring offices and/or to the child care resource and referral agencies in each child care licensing district (can be county or city-based as well).

c) Create a cover page for each licensing office to be filled out for each licensing review, including: name of the licensing office and person collecting data; demographic information including geographic and population characteristics; and variables for separate analysis (e.g., level of staff training. See sample list of codes above).

DATA ANALYSIS

1. All analyses conducted in the pilot studies were done using the Statistical Package, SPSSPC+. State agency staff not familiar with SPSSPC+ should consult with their state information systems bureau to (a) discuss the data to be collected; (b) variables for special comparison; and (c) presentation of data.

2. If a word processing software product is used to enter the information from child care facility review reports, save the file as a DOS file. The information systems staff can enter the compliance data and design a program to accomplish the analyses you have specified.

3. It is important for state agency staff and the state information system bureau to document the steps taken, program design, and procedures used, so that they can be easily replicated in subsequent compliance reviews.

4. If the state agency does not have the statistical support to do the data analyses and present compliance data in the formats shown on the next pages, ZERO TO THREE suggests contacting Dr. Richard Fiene, Department of Psychology, The Pennsylvania State University at Harrisburg, Middletown, Pennsylvania, 17057-4898. (see Appendix A for Dr. Fiene's other addresses and telephone numbers.) Dr. Fiene has spent much of his career developing the statistical methodologies described in each section of the manual and was the chief consultant to ZERO TO THREE's state pilot projects.

PRESENTING THE DATA

1. Table 1, *State Baseline Compliance Profile*, is the first page of a 28-page compliance profile. The table presents the cumulative percentage of non-compliance on each of that state's 280 child care regulations. Non-compliance percentages are used to make it easier to target those regulations that should be discussed. For example, under "Policy and Procedure," state agency staff would read regulation # 006 as " 55% of all child care facilities reviewed in this sample did not have a written grievance procedure for parents and staff."

2. Tables 2 and 2a, *State Compliance Profile* and *State District Compliance Report*, present a sample of data from another state and present one page of cumulative data from their comprehensive compliance review form and two pages where the data is broken down by state licensing district.

3. Both table and bar charts provide examples of how specific demographic or specific analyses can be presented. The first (Table 3) depicts the breakdown of state child care facilities by characteristic. The bar chart (Table 3a) presents the special comparison analysis relating compliance with state training requirements to total compliance -- in other words, in aggregate, are child care facilities more or less likely to meet state child care regulations if staff meet state training requirements?

4. The last table, Table 4, presents a comparison of aggregate state compliance data collected at two different times, 1992 and 1993. It is clear from this table that comparing baseline to subsequent compliance studies provides state administrators data on progress in improving child care regulatory compliance as well as indicating issues needing further attention.

TABLE 1
SAMPLE STATE BASELINE COMPLIANCE PROFILE

Item No.	Compliance Requirement	% Out of Compliance
Policy and Procedure		
001	There is a written statement of policy and procedure. The statement includes, but is not limited to the following:	11%
002	Specific philosophy and goals.	13%
003	Description of services including hours and days of operation, observed holidays.	13%
004	Population to be served.	15%
005	Fee schedules including late fees, vacation, sick day policies if applicable.	13%
006	Grievance procedures between parent(s) and director.	55%
007	Transportation policy.	53%
Management		
008	The director or qualified designee is present at the center at all times during operating hours.	2%
009	Parents are informed of the Office of Licensing. A copy of current Child Care Licensing Standards are available at the center for immediate reference by parents and staff.	7%
010	The "Parent's Guide to Licensed Center Child Care" is available to all parents. Appendix A	26%
011	The center is open to parents of enrolled children at all times.	0%
012	Only parents or persons authorized by parents are allowed to take any child from the center. Parents are required to authorize, in writing, persons who are allowed to take their child from the center.	0%

TABLE 2
SAMPLE STATE COMPLIANCE PROFILE

REGULATORY ITEMS Child Day Care Facility Inspection Checklist	% NON-COMPLIANCE
General Requirements	
1 Operator notification	3%
2 Change of ownership notification	0%
3 License displayed	0%
4 Licensed capacity	0%
5 Advertisement	2%
Personnel/Background Screening	
6 Household members/volunteers	0%
7 Abuse registry check submitted	11%
8 Local criminal records submission	11%
9 State criminal records submission	10%
10 Federal criminal records submission	10%
11 Affidavit of good moral character	12%
Minimum Age Requirements	
12 Operator at least 21 years old	0%
13 Person in charge of facility	0%
14 16 years and older/child staff ratio	0%
15 Person in charge of class or group	0%
16 Volunteers	0%
17 Substitutes	0%
Training	
18 Child abuse staff/volunteer statement	10%
19 20 hours training	8%
20 8 hour annual in-service training	6%
Ratios	
21 Staff ratios observed	2%
22 Sufficient staff ratio	3%
23 Swimming ratio	1%
24 Direct supervision	2%
25 Substitutes available	1%
26 Children released to authorized individuals	0%

TABLE 2a
SAMPLE STATE DISTRICT COMPLIANCE REPORT

ITEMS	DISTRICTS (% NON-COMPLIANCE)									
	1	2	3	4	5	6	7	8	9	11
General Req										
01	5	14	11	0	0	0	0	0	0	0
02	0	0	0	0	0	0	0	0	0	0
03	0	0	0	2	0	0	0	0	0	0
04	0	0	0	0	0	0	0	0	0	0
05	0	0	4	0	0	11	4	0	0	0
Personnel										
06	0	0	0	0	0	0	0	0	0	0
07	10	8	11	21	14	22	0	6	10	6
08	10	17	11	23	0	28	0	3	0	6
09	10	8	11	25	7	17	0	3	10	6
10	10	8	11	18	14	22	0	3	10	6
11	10	16	11	23	8	22	0	6	0	8
Minimum Age										
12	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0	0
Training										
18	20	8	12	14	0	16	0	14	0	6
19	30	0	7	12	13	11	0	3	0	0
20	20	4	4	6	0	5	7	0	0	8
Ratios										
21	0	0	11	2	0	0	0	6	0	0
22	0	4	12	2	8	5	0	6	0	0
23	0	0	9	0	0	0	0	0	0	0
24	0	0	4	2	0	5	0	6	0	0
25	0	0	8	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0	0	0	0
Physical Fac										
27	0	0	0	0	0	0	0	0	0	0
28	10	0	0	8	0	11	0	11	0	0
29	10	0	0	2	14	5	0	6	0	6
30	0	0	4	0	7	0	0	0	0	0
31	0	0	0	0	0	0	0	0	0	0
32	35	0	12	16	13	20	23	7	0	12
34	0	0	0	17	0	0	0	0	0	0

TABLE 3

CHARACTERISTICS OF STATE'S LICENSED CHILD CARE FACILITIES

- 21% vouchers
- 28% use subsidy
- 21% are non-profit
- 45% are profit
- 14% are religious based
- 5% are chain/franchise related
- Average licensed capacity = 98 children
- 3% are NAEYC/NECPA accredited
- 4% are accredited by other agencies
- 59% are open 11-12 hours
- 41% are open 3-10 hours or 13+ hours

TABLE 3a
COMPARISON RELATING COMPLIANCE WITH STATE TRAINING REQUIREMENTS TO TOTAL COMPLIANCE

SAMPLE STATE COMPLIANCE SCORES AND STAFF HAVING A CDA

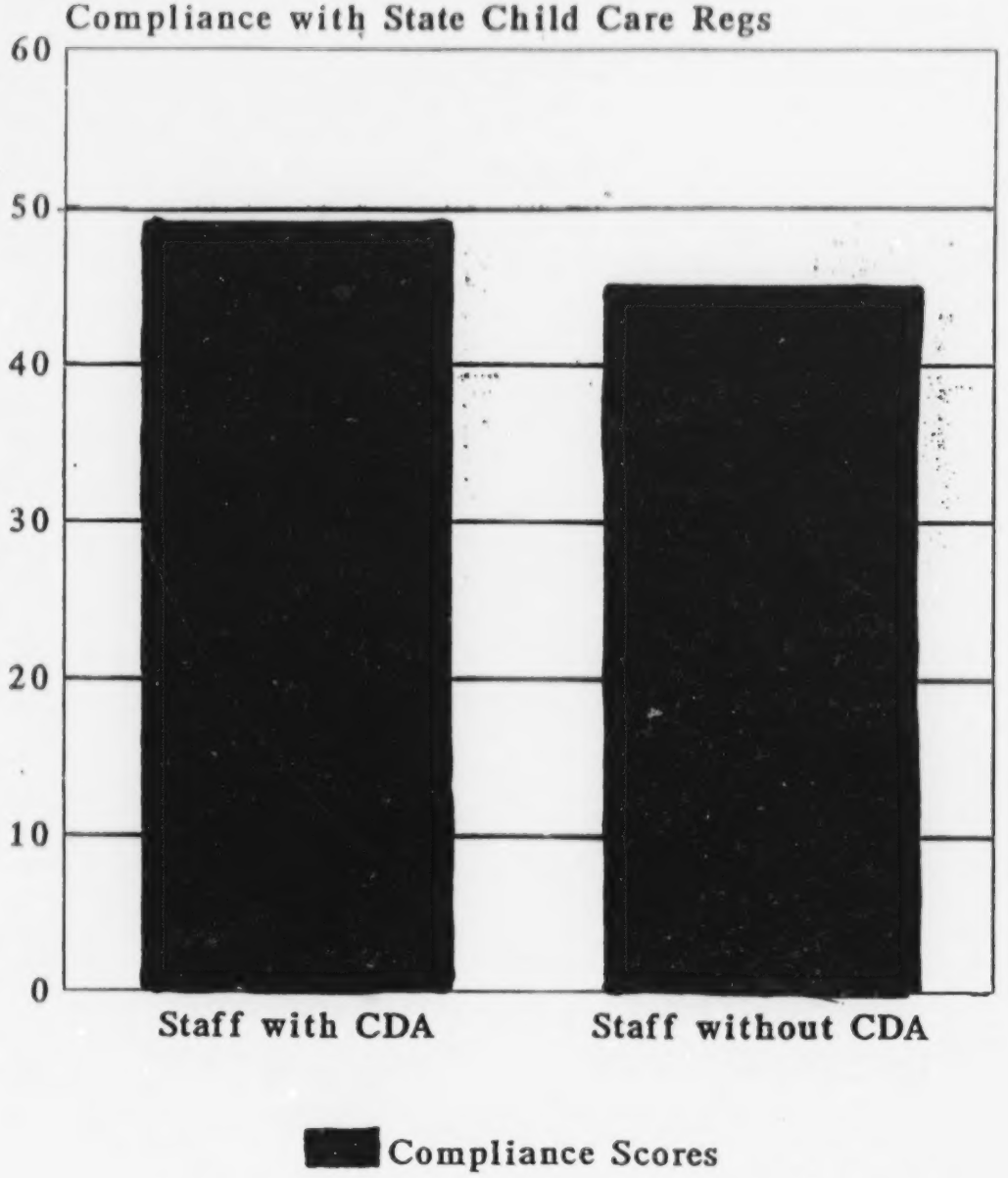


TABLE 4
SAMPLE STATE BASELINE COMPLIANCE PROFILE

Item No.	Compliance Requirement	% Out of Compliance '92	'93
Policy and Procedure			
001	There is a written statement of policy and procedure. The statement includes, but is not limited to the following:	11%	5%
002	Specific philosophy and goals.	13%	5%
003	Description of services including hours and days of operation, observed holidays.	13%	0%
004	Population to be served.	15%	0%
005	Fee schedules including late fees, vacation, sick day policies if applicable.	13%	0%
006	Grievance procedures between parent(s) and director.	55%	7%
007	Transportation policy.	53%	14%
Management			
008	The director or qualified designee is present at the center at all times during operating hours.	2%	---
009	Parents are informed of the Office of Licensing. A copy of current Child Care Licensing Standards are available at the center for immediate reference by parents and staff.	7%	0%
010	The "Parent's Guide to Licensed Center Child Care" is available to all parents.	26%	3%
011	The center is open to parents of enrolled children at all times.	0%	0%
012	Only parents or persons authorized by parents are allowed to take any child from the center. Parents are required to authorize, in writing, persons who are allowed to take their child from the center.	0%	0%

SECTION IV

Field-Tested Weighted Indicator Monitoring Tool

SECTION IV

WEIGHTED INDICATOR CHECKLIST MONITORING INSTRUMENT

PART 1: HOW EFFICIENT IS YOUR STATE'S CHILD CARE MONITORING SYSTEM?

A 1990 National Governor's Association survey of state regulatory agencies found that only 1 out of 50 states was able to report the total number of children by age group in its regulated child care system (i.e., those programs that are licensed or registered).[8] While many state policymakers and professionals in the field of early care and education recognize the importance of monitoring to assure compliance, local or regional monitoring agencies are chronically under-funded and short-staffed. Lack of adequate monitoring puts children at risk.

Monitoring instruments are often long and written in regulatory language, making them time-consuming to complete and difficult to understand. Monitors have large case loads, and a lengthy monitoring process leaves them little time to translate the rules or give technical assistance to programs that are out-of-compliance. Long forms and anecdotal records require time to enter into a state data base -- and often are not. Some states use short-form checklists made up by the state or local licensing office based on what they determine are the most important regulations. These may be more time-efficient and help monitors meet their caseload requirements. However, they do not predict compliance nor do they offer state and local administrators a reliable profile of child care program compliance.[9]

The ability to collect reliable, objective data for all regulated child care programs in the state is one reason states should invest in the development of a weighted indicator checklist (WICL).

PART 2: DEVELOPING A FIELD-TESTED WEIGHTED INDICATOR CHECKLIST MONITORING TOOL

GOAL 1: TO INCREASE THE EFFICIENCY AND EFFECTIVENESS OF THE CHILD CARE MONITORING SYSTEM, GIVING MONITORS MORE TIME TO PROVIDE TECHNICAL ASSISTANCE TO HELP CHILD CARE PROGRAMS THAT DO NOT MEET CHILD CARE REGULATIONS

GOAL 2: TO INCREASE THE RELIABILITY OF THE WEIGHTED INDICATOR CHECKLIST BY SAMPLING INDIVIDUALS REPRESENTING ALL ASPECTS OF THE STATE EARLY CARE AND EDUCATION SYSTEM

A weighted indicator checklist (WICL) is a statistically reliable, field-tested monitoring instrument that can be used by child care monitors to predict compliance with the full set of child care regulations. Thus, if any item on the WICL is marked not-in-compliance, the monitor would conduct a comprehensive review of the child care facility.

A weighted indicator checklist has the following characteristics:

1) each item on the indicator checklist has been statistically tested for validity and reliability in predicting compliance;

2) field survey data and the compliance study data are incorporated into the statistical analysis;

3) each item relates to clearly observable rules thus limiting the time a monitor must spend in each child care facility in order to objectively assess compliance with child care regulations; and,

4) the weighted indicator checklist must be easily understood by both the monitors and child care providers, allowing the monitor to provide immediate feedback to child care providers on areas of non-compliance.

METHODOLOGY FOR CREATING A WEIGHTED INDICATOR CHECKLIST (WICL)

Statistical procedures, discussed in the Technical Guide (Part 3) that follows, combine data from the compliance study, discussed in Section III, and a field survey. The field survey uses a stratified sample of licensing/monitoring staff, child care professionals, parents, early care and education educators, representatives of professional organizations and child care resource and referral agencies.

The field survey asks a representative sample of 100-300 individuals, depending on the size of the state, to rank order all existing child care regulations in order of their importance for the protection of the child from risk. A Likert-like scale interval scale (with 1 = no risk and 8 = high physical or psychological risk to the child) is generally used.

Achieving a 60 to 70% response rate to the survey is important. Allow adequate time and resources for systematic follow-up.

A secondary benefit of the field survey is that it helps to build consensus in the state around the content and importance of regulation. If state policymakers want more citizen understanding and input, they can add a question that asks respondents to suggest regulations they feel are necessary but currently absent, as well as a question regarding rules that are difficult to understand or implement. That can be important information to feed into the regulatory review process.

PART 3: TECHNICAL GUIDE FOR DEVELOPING THE FIELD-TESTED WEIGHTED INDICATOR CHECKLIST

DATA ANALYSIS

1. The first step is to generate a preliminary set of weighted indicators from the data already collected by the state agency in the compliance review study described in Section III. Aggregated state compliance data are used to generate predictor items from the state's full set of child care regulations. The SPSSPC+ program that generated the frequencies and percentages used in the compliance study must be rewritten to derive the phi coefficients.

2. The SPSSPC+ program requires recode statements in which the total compliance scores are grouped into a high-compliance group and a low-compliance group. Using the compliance review data base, which contains the compliance score for each licensed program in the statewide sample, sort the total compliance scores into a high group (top 25% in compliance) and a low group (bottom 25% in compliance). To sort the data set, use the SPSSPC+ frequency commands, and, once accomplished, run the phi coefficients through the recode command on the total compliance scores crossing this score with the total score on each regulation. SPSSPC+ generates all the phi coefficients and the respective tests of significance to determine which subset of child care rules predicts overall compliance with all state child care regulations.

3. The third data set needed to complete the state's weighted indicator checklist is the rank ordering of child care regulations completed through the weighted field survey. Once the means are calculated, the total set of regulations can be rank ordered from highest risk value to lowest risk value. SPSSPC+ is used to combine the regulations in the high and low risk subsets with those obtained in determining the first set of predictor items. Together, they represent both predictor items from actual comprehensive child care facility records and the opinions of those from the child care field selected for the field survey.

SAMPLE SURVEY INSTRUMENTS, PRESENTATION OF FIELD SURVEY RESULTS AND A STATE WEIGHTED INDICATOR CHECKLIST

1. *Child Care Weighted Field Survey*: offers one format ZERO TO THREE used to present the results of the weighted field survey.

2. *Sample State Child Care Monitors' Field Survey Response*: presents the results of a targeted field survey of child care monitors from two agencies (child care licensing and public health). This data was combined, aggregated and rank

ordered with the survey data from others in the child care field (child care providers, parents, professional organizations, educators). Doing this comparison allowed the state review team to examine whether there were differences in the attitudes of the two monitoring agencies.

3. *Weighted Indicator Checklist*: presents one page of items that reached significance and would appear on the state's weighted indicator checklist. A weighted indicator checklist is usually 50 items or individual rules that if met by the child care facility predict compliance with the full set of state regulations. If any item on the weighted indicator checklist is not met by the child care facility, the monitor would go to a full compliance review.

A Sample Weighted Field Survey: Page of Instructions

Instructions to the reviewer: Please rate (1-8 scale) the following regulations on the basis of the risk to a child both physically and/or psychologically by being out of compliance with the specific regulation. If you have no basis for judgment of a particular item please indicate by circling **9** = "No basis for Judgment" option.

****

GENERAL REQUIREMENTS

1. Whenever the operator of a child care facility changes, the department or the local licensing agency must be notified in writing prior to or at the time of the change.

Please circle your response-->	Low Risk <----------						> High Risk	9 = No basis for Judgment
	1	2	3	4	5	6	7	8

2. Prior to the time a new owner assumes responsibility for a child care facility, the current owner or operator must notify the parents of the change of ownership.

Please circle your response-->	Low Risk <----------						> High Risk	9 = No basis for Judgment
	1	2	3	4	5	6	7	8

3. Upon issuance of the license it shall be displayed in a conspicuous place inside the child care facility.

Please circle your response-->	Low Risk <----------						> High Risk	9 = No basis for Judgment
	1	2	3	4	5	6	7	8

4. The child care facility must not exceed the licensed capacity designated on the license at any given time.

Please circle your response-->	Low Risk <----------						> High Risk	9 = No basis for Judgment
	1	2	3	4	5	6	7	8

SAMPLE STATE CHILD CARE MONITORS' FIELD SURVEY RESPONSES

Regulation	Public Health	Licensing
Background screening requirements for owners, operators, employers, volunteers (>40 hrs. per mth.), family or others in contact with children--doesn't apply to students or persons working after hrs.; Household members/volunteers	7.00	7.41
Abuse Registry check submitted (@ yr.)	7.42	7.29
Criminal records check submission (@ 5 yrs.)	7.42	7.20
State criminal records submission (@ 5 yrs.)	7.25	7.02
Federal criminal records submission (1 time)	7.33	6.93
Affidavit of good moral character (1 time)	5.91	6.32
Minimum age requirements: Operator 21 or older	6.08	6.73
Person in charge when owner/operator absent 21 or older	6.27	6.75
Must be 16 or older to be included in ratio, must be 18 to be in charge of a group, if under 16 must be supervised, if <16 cannot be counted in ratio	6.64	6.52
Person in charge of a group of children 21 or older	6.92	6.95
Volunteers working >40 hrs. per mth. must be 16-can be counted in ratio	6.73	6.50
Substitute considered employee-must meet age requirements above as appropriate	6.92	6.51
Training (all child care personnel except volunteers & substitutes working <40 hrs. a month): Read "Child Abuse & Neglect in Florida, A Guide to Professionals", including volunteers	6.58	6.35
State Dept. approved 20 Clock Hour Intro. Child Care Course & a 10 hour specialized training module-all	6.33	6.20

SAMPLE STATE WEIGHTED INDICATOR CHECKLIST

REGULATORY ITEMS (10M-12.001--12.013)	PHI
Child Day Care Facility Inspection Checklist	
7) Abuse registry check submitted (d)(2)	.20133*
8) Local criminal records submission (d)(2)	.18395*
9) State criminal records submission (d)(2)	.23702*
10) Federal criminal records submission (d)(2)	.22286*
11) Affidavit of good moral character (e)	.17918*
18) Child abuse staff/volunteer statement (a)	.20899*
19) 20 hours training (b)(2 & 3)	.13632**
22) Staff child ratios (a)(1)	.17020*
28) Dangerous supplies stored (1)(d)	.14951**
42) Emergency phone numbers (c)	.17548*
44) Sanitary diaper changing area (b)(2)	.15321**
45) Indoor toys/equipment safe and sanitary (a)	.25724*
46) Outdoor equipment free of hazards (b)	.13055**
56) Signed statement for discipline proc (2)(f)(2)	.15788**
57) Personnel records maintained (3)	.20189*
59) Monthly fire drill record completed (5)(d)	.14520**
Medical Inspection Checklist	
6) Adult on premises with current first aid (1)	.24903*
7) First aid supplies complete (2)	.19338*
12) Medical examination certificate (1)(a)	.18987**
13) Immunization requirements current (1)(b)	.16163**

---

* $p < .01$
** $p < .05$

SECTION V

The Data Display Chart and The Recommended Action Planning Chart

State Work Sheets
Additional Issues Based on APHA/AAP Comparisons, Other Studies, and Expert Knowledge

(√ recommended action; ♥ significant improvement between 1st & 2nd Compliance Reviews; * already exists)

Issue	Recommendations: Language adapted from APHA/AAP or panel member recommendations	APHA/ AAP	0-3/NCCIP Import	Decisions/Recommendations			
				Add Rule	Guidance	Training	Consumer Ed.
Direct Supervision	Compliance reviews 1 & 2 showed high compliance. Existing language is clear and observable. Might use Florida's (1) observed ratios, (2) observed adequacy of ratios, (3) adequate staffing.	AD9	*	*	√♥		AD9 rationale comments
Transportation	**FA305-308.** Vehicle safety and cleanliness; **FA309-310.** Driver job qualifications & background checks; **FA311-312.** Training; **FA313-317.** Child health & safety; **FA318-320.** Administration-Transportation policies & plans.	FA308,3073 10, 311, 312, 313, 314, 316, 317, 320	* √	√	√	√	√
Ratios	General recommendations for best practice - scheduling staff, staff-child ratios for children with special needs, substitutes to maintain adequate staff-child ratios.	ST2 AD9 CSN37 ST60	√		observed coverage full day coverage	♥ licensor training	√
Group Size	Recommend using the National Academy of Early Childhood Programs' because of guidance on group size for mixed age groups. (ST4 specific to swimming).	ST1, 2, 3 AD9	√		observed & full day	licensor training ♥	√
mily Child Care Director, .anagement Training	Explore management training jointly funded by CCDBG and the small Business Administration and/or the Department of Agriculture Extension Services. Windflower, in Colorado has Family Child Care business training. 1st create supply of appropriate training then put in role.	Rec.65 APPA	√	√ (But later)		√	SBA Collaboration recommended
Outdoor Play Area Safety (continued on next page)(see attached)	**FA220.** The following exceptions to the space requirements shall apply: (a) A minimum of 33 square feet of accessible outdoor play space is required for each infant. (b) A minimum of 50 square feet of accessible outdoor play space is required for each child from age 18 to 24 months.	FA220	√	√		licensor training ♥	√

State 1993 Child Care Rules Analysis, Comparison of Study Results
Decision, Recommendation Worksheet
(✓ recommended action; ♥ significant improvement between A (1st) & B (2nd) Compliance Reviews; * already exists)

Regulation	APHA/AAP	Non-Compliance Rate		Field Rank	Weight Indc		0-3/NCCIP Import	Decisions			
								Add/Change Rule	Add Guidance	Training	Consumer Education
Only parents or persons authorized by parents are allowed to take any child from the center. Parents are required to authorize, in writing, persons who are allowed to take their child from the center.	Chapter 9 Rec 38	✓	✓	18th 3.730	A	B	*	*			
Persons bringing and/or picking up a child at the center sign-in and sign-out, including the time of day using a signature.	Chapter 9 Rec 38	7%	✓				*	*			
Caregivers sign-in, including the time of day, children who come to the center from school.	Chapter 9 Rec 38	32%	8%					* ♥	♥		
Communication											
Incidents such as injuries and medical conditions that occur while a child is in care, are reported to the parents on the day they occur.	HP 88	✓	✓	46th 3.653			*	*	Forms Appendix U		
Legal Action against a center which affects children, personnel, or operation of the center, are reported to the Department of Human Services, Office of Licensing, at the time of initiation of such legal action.	Chapter 9 Rec 23-25	✓	2%								
Center has an operable telephone. Emergency telephone numbers (fire, police, poison control, rescue unit) are posted near the telephone. Parent phone numbers are immediately available.	FA 1 AD 37	13%	7%	15th 3.733	A	B	*				
No answering machine is used unless two or more dedicated center phone lines are available during hours of operation.	FA 1, AD 37 HP 105	27%	✓					* ♥			
Any person who has reason to suspect abuse or neglect reports such to an office of the Division of Family Services peace officer or law enforcement agency or regional Human Services Office.	HP 98	✓	✓	40th 3.667	A	B	*		✓	✓ ♥	
Any person whose behavior jeopardizes the health, safety and/or welfare of children or staff is not allowed to remain on the premises.	PR 35 corp. punish. AP 29-m	✓	✓	5th 3.773	A	B	*				
Emergency Plans											
Center maintains standard first aid equipment as described and recommended by the American Red Cross First Aid Handbook, current edition, or a comparable kit. Kits are stored inaccessible to children.	FA 116	24%	3%	33rd 3.680	A	B		* ♥		♥	
Fire drills are conducted and documented at least monthly.	AD 31 AD 33, 35	31%	9%					* ♥			

ENDNOTES

1. Chang, A., Morgan, G., Wise, P., Peabody, D.H., Alegre-Ipanag, O. (1988). *Survey of Selected State/Municipal Licensing Regulations for Out-of-Home Child Care Programs*. AAP/APHA.

   Morgan, G. (1990). *The State of Child Care Regulation in America*. Boston, MA: Wheelock College's Center for Career Development in Early Care and Education.

   Kusserow, R. (1990). *Part 1: Enforcing Child Care Regulations; and Part 2: Effective Practices in Enforcing Child Care Regulations*. Inspector General's Report. Washington, D.C. U.S. Government Printing Office, OEI-03-89-00700 and OEI-03-89-00701.

2. American Public Health Association & American Academy of Pediatrics. (1992). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Washington, D.C.: Authors.

   Morgan, G. (1991, unpublished policy brief). Better care for the babies project. Arlington, VA: ZERO TO THREE.

3. Addis, D. & Sachs, J. (1990, unpublished). National survey of child care licensing and monitoring staff and child care center directors on child care health and safety. Atlanta, GA: Centers for Diseased Control.

   Kuesserow, R. (1990). *Part 1: Enforcing Child Care Regulations; and Part 2: Effective Practices in Enforcing Child Care Regulations*. Inspector General's Report. Washington, D.C.: U.S. Government Printing Office, OEI-03-89-00700 and OEI-03-89-00701.

4. Griffin, A. (1992). Preventing preventable harm to babies: Protecting the health and safety of infants and toddlers in child care. Arlington, VA: ZERO TO THREE.

5. Kusserow, R. (1990). *Part 1: Enforcing Child Care Regulations; and Part 2: Effective Practices in Enforcing Child Care Regulations*. Inspector General's Report. Washington D.C.: U.S. Government Printing Office, OEI-03-89-00700 and OEI-03-89-00701.

6. Department of Health. (March 1993). Audit of health and safety standards at child care facilities in North Carolina. Raleigh, North Carolina: Author.

7. National Academy of Early Childhood Programs. (1984). *Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs*. Washington D.C.: National Association for the Education of Young Children.

8. National Governor's Association. (1990). *Taking care: State developments in child care*. Washington D.C.: Author.

9. Griffin, A. (1992). Preventing preventable harm to babies: Promoting the health and safety of infants and toddlers in child care. Arlington, VA: ZERO TO THREE.

REFERENCES

Addis, D. & Sachs, J. (1990, unpublished). National survey of child care licensing and monitoring staff and child care center directors on child care health and safety. Atlanta, GA: Centers for Diseased Control.

American Public Health Association & American Academy of Pediatrics. (1992). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Washington, D.C.: Authors.

Chang, A., Morgan, G., Wise, P., Peabody, D.H., Alegre-Ipanag, O. (1988). *Survey of Selected State/Municipal Licensing Regulations for Out-of-Home Child Care Programs*. AAP/APHA.

Department of Health. (March 1993). Audit of health and safety standards at child care facilities in North Carolina. Raleigh, North Carolina: Author.

Griffin, A. (1992). Preventing preventable harm to babies: Protecting the health and safety of infants and toddlers in child care. Arlington, VA: ZERO TO THREE.

Kusserow, R. (1990). *Part 1: Enforcing Child Care Regulations; and Part 2: Effective Practices in Enforcing Child Care Regulations*. Inspector General's Report. Washington, D.C. U.S. Government Printing Office, OEI-03-89-00700 and OEI-03-89-00701.

Morgan, G. (1991, unpublished policy brief). Better care for the babies project. Arlington, VA: ZERO TO THREE.

Morgan, G. (1990). *The State of Child Care Regulation in America*. Boston, MA: Wheelock College's Center for Career Development in Early Care and Education.

National Academy of Early Childhood Programs. (1984). *Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs*. Washington D.C.: National Association for the Education of Young Children.

APPENDIX A

Resource List

APPENDIX A

RESOURCE LIST

Richard Fiene, Ph.D.
Psychologist
Bureau of Child Care
41 Grandview Avenue
Middletown, PA 17057
(717) 944-4154
(717) 944-4158 fax

Sue Aronson, M.D., FAAP, Director
Early Childhood Education Linkage System
PA Chapter of American Academy of Pediatrics
Suite 220, The Dayton Bldg.
610 Old Lancaster Road
Bryn Mawr, PA 19010-3809
(800) 24-ECELS
(610) 520-9125
(610) 520-9177 fax

Gwen Morgan
Wheelock College
The Center for Career Development in Early Care and Education
200 The Riverway
Boston, MA 02215-4176
(617) 734-5200 x210
(617) 738-0643 fax

Work/Family Directions
930 Commonwealth Avenue, West
Boston, MA 02215-1212
(617) 278-4097
(617) 566-2806 fax

Pauline Koch
(Former Chair of the National Association of Regulatory Agencies)
Division of Program Support
Licensing Services
Delaware Youth & Family Center
1825 Faulkland Road
Wilmington, DE 19805-1195
(302) 633-2700
(302) 633-2652 fax

Helen Keith
1401 N. Taft Street
Suite #115
Arlington, VA 22201
(703) 522-1902

Abbey Griffin, Ph.D.
Director, Better Care for The Babies Project
ZERO TO THREE/NCCIP
2000 N. 14th Street
Suite #380
Arlington, VA 22201-2500
(703) 528-4300
(703) 528-6848 fax

PENNSTATE

RICHARD FIENE
Professor in Charge

Penn State Harrisburg
Early Childhood Education
W-157 Olmsted Building
777 West Harrisburg Pike
Middletown, PA 17057-4898

Office: (717) 948-6433